

# La Tech Volleyball Summer Camps 2016

Hosted by BRUSA Sports LLC

**Release Form must be presented for participation in any activity hosted by BRUSA Sports LLC  
Parent/Guardian must sign for under 18 year old students**

All physical activity inherently carries some risk of injury, and certain types of activity are not appropriate for persons with limiting medical/health conditions. I recognize that every activity has a certain degree or risk, some more than others, and I knowingly and voluntarily assume the risk of these injuries, regardless of severity, which from time to time occur as a result of participation in physical activities. I am either insured by a licensed provider of accident or health care insurance, or I assume personal risk of not being insured.

If a student or participant is injured or has need of medical attention, the Clinic Staff will obtain whatever medical or ambulance service is needed to clear the medical emergency, however, it is understood that the student or participant is responsible for the cost of these services.

I hereby release Louisiana Tech University, the University of Louisiana System, State of Louisiana, all State Departments, Agencies, Boards and Commissions, and their respective officers, employees, agents, or representatives from any and all liability, claims, cost, expenses, injuries, illness, or loss resulting from, in whole or part, including attorney fees, for my participation in any of the Louisiana Tech Volleyball Camps hosted by BRUSA Sports LLC.

I, the undersigned, am at least eighteen (18) years of age and have read this release form and understand all its terms. If I, the undersigned, am under the age of eighteen (18) years, in addition to my signature, my parent or legal guardian also shall state his/her having read, signed, and understand this release form and all its terms. I give my child permission to participate in the summer program indicated above.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Participant's Name  
(if under 18, legal guardian must sign below)

X \_\_\_\_\_  
Print Parent or Legal Guardian's Name:

X \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Legal Guardian's Signature:

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

\* Attach copy of front/back of insurance card if available.

\*This form must be fully completed in order for the athlete to participate in any type of activity\*